

Lifelong learning is defined as a process that is:

*(1) continuous (it never stops) and supportive (it isn't done alone; (2) stimulating and empowering (it's self-directed and active, not passive); (3) incorporating knowledge, values, skills, and understanding (it's more than what we know); (4) spanning a lifetime (it happens from our first breath to our last) and applied (it's not just for knowledge's sake); (5) incorporating confidence, creativity and enjoyment (it's a positive, fulfilling experience); and (6) inclusive of all roles, circumstances, and environments (it applies not only to our chosen profession, but to our entire life)' [1,2].*

Lifelong learning helps maintain and improve knowledge and skills that are essential for safe clinical practice [3,4]. The prerequisites for training and assessment are continuously evolving, and there is ongoing restructuring of our training systems [5]. With revalidation here, or just around the corner, lifelong learning and the training of specialists is an area that needs regular review. Currently at the specialist level, lifelong learning, often termed 'continuing medical education' (CME) is establishing its role in ensuring the maintenance of knowledge, skills and appropriate attitudes [4,6]. Like other specialists, urologists are required to keep their specialist knowledge and skills up to date, particularly as their specialty remains at forefront of innovations in diagnostic and therapeutic techniques. These innovations encompass endoscopic, laparoscopic and robotic technologies [7,8] so, to ensure safe clinical practice in this specialty, a structured evidence-based system of lifelong learning is needed.

The aim of CME is to focus on the development or maintenance of knowledge, skills and relationships that an individual urologist uses to provide services to the patient, profession or public to ensure

## HOW CAN WE ENSURE LIFELONG LEARNING FOR UROLOGICAL SPECIALISTS? Kamran Ahmed, Ben Challacombe\*, Adrian D. Joyce<sup>†</sup>, Mohammed Shamim Khan\* and Prokar Dasgupta\*

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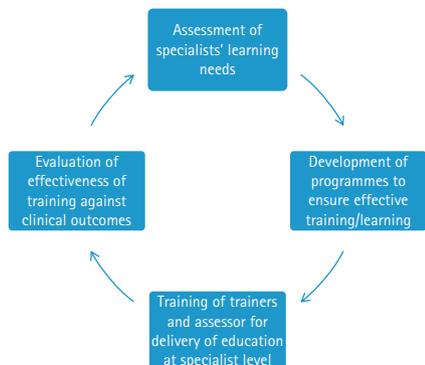
competent practice. Since the introduction of the Maintenance of Certification in the USA and the forthcoming revalidation in the UK, CME has been highlighted as a core component of this maintenance and improvement of safe specialist practice [9,10]. In the craft disciplines, such as urology, the development of relevant and updated lifelong learning programmes will be challenging because of continually developing and expanding clinical practice. Professional healthcare regulatory bodies have suggested the use of various modes such as multimedia, multitechnique and multiple exposures to enhance the effectiveness and application of CME [5,9,11]. Points are awarded per hour of educational experience attended at individual events and clinicians must obtain a minimum CME score during a 1–5 years assessment period. Recommended learning or teaching methods include case-based discussion, live or recorded demonstration, group discussion, lectures, simulation and mentorship [11]. Most of these methods have been shown to improve specialists' clinical knowledge, performance and overall attitudes [12,13], but unfortunately there is currently no evidence that they enhance the training of technical skills at the specialist level [5].

In urology, CME curricula may be influenced by the learning requirements of specialists in different institutions and geographical regions. These curricula should focus on providing up-to-date, patient-centred and evidence-based care. CME in terms of knowledge is provided by several

organizations including scientific societies, medical institutions, professional bodies, academic centres and private companies [11]. Professional bodies such as the BAUS are collaborating with commercial organizations in managing courses, including 'wet-lab' (animal laboratory) sessions for laparoscopic procedures [14]. The Urology Foundation, a registered charity in the UK, is supporting mentorship and preceptorship programmes with the aim of training urological surgeons and their entire surgical team in complex procedures including robot-assisted surgery [15]. Despite these initiatives, there is no evidence or consensus regarding the effectiveness of specialist education specifically for newly introduced and technically challenging treatment methods.

Urological societies and associations need to take several steps to ensure safer clinical practice through lifelong education (Fig. 1). First, they should cultivate and support the development and validation of training tools for specialists. These tools can be based on basic principles of mentorship. Second, the effectiveness of CME methods for training in new techniques needs to be evaluated against clinical outcomes. Third, in the absence of a comprehensive training programme, all parties in the surgical community need to collaborate. These collaborations should include leadership in the host institution, the national and local funding agency, the urology training organisations (such as the European Board of Urology, AUA and BAUS) and healthcare providers. Fourth, the

FIG. 1. Recommendations for the development of a specialist CME system in urology.



incorporation of a research component in the CME programmes is essential in the wake of the continually evolving surgical environment. Fifth, trainers themselves need to be identified and trained. This will increase the level of acceptability and educational impact. Sixth, in an effort to limit the commercial influences of industry, educational organizers have to respect the scientific independence of CME, clearly delineating what is scientific vs what is promotional. Finally, the definitions and mechanisms of ensuring competency and performance need to be standardized to ensure patient safety. It is not just achieving the excellence that is important but staying there too; we have a duty as urological surgeons to ensure and maintain the public's trust in both our clinical and non-clinical abilities by developing proven and structured lifelong learning programmes.

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CONFLICT OF INTEREST

None declared.

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**Abbreviation:** CME, continuing medical education.